

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09781369

APPLICANT(S)

FILING DATE
02-12-01

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
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49		/				
50		/				
TOTAL IND.	6					
TOTAL DEP.	55					
TOTAL CLAIMS	61					

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51	/							
52		/						
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TOTAL CLAIMS								